

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: WV006 Date of Visit: 9-26-2024

Contractor Personnel on Site:

1. Tom 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

Replaced the motor for the exhaust fan in the mechanical room for the 1. motor pool.

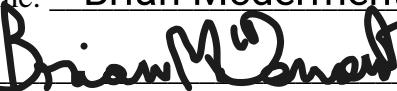
Service Calls – Service Call Number and Description

1. CSS# 98599 WO16368
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Mcderment Date: 9-26-2024

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, I certify that the above-named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed.

This is NOT a Certification that the Work was performed correctly – The COW simply verifies that that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: _____ Date: 9-26-2024

Signed: 

E-Mail: _____

